

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-618878	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						61		
2		/					62		
3		/					63		
4		/					64		
5		/					65		
6		/					66		
7		/					67		
8		/					68		
9		/					69		
10		/					70		
11	/						71		
12		/					72		
13							73		
14		10					74		
15							75		
16							76		
17							77		
18							78		
19							79		
20							80		
21							81		
22							82		
23							83		
24							84		
25							85		
26							86		
27							87		
28							88		
29							89		
30							90		
31							91		
32							92		
33							93		
34							94		
35							95		
36							96		
37							97		
38							98		
39							99		
40							100		
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	14						TOTAL CLAIMS		